

HISTORY FACILITY PROFILE

BAYADA NURSES INC
 32 WEST 6400 SOUTH SUITE 200
 MURRAY UT 84107
 STATE'S REGION CODE: 001

PROVIDER #: 467120
 PHONE NUMBER: (801) 268-8000
 PARTICIPATION DATE: 10/04/2002

TYPE ACTION: INITIAL
 TYPE FACILITY: OFFICIAL HEALTH
 TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
			09/17/2002		
			X C	10/04/2002	STD G0143-COORDINATION OF PATIENT SERVICES
			X C	10/04/2002	STD G0144-CLINICAL RECORD ESTABLISHES INTERCHANGE, REPORTING, & COO
			X C	10/04/2002	STD G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
			X C	10/04/2002	STD G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
			X C	10/04/2002	STD G0161-ORDERS FOR THERAPY SERVICES INCLUDE PROCEDURES, MODALITIE
			X C	10/04/2002	STD G0166-NURSE RECORDS/SIGNS ALL ORAL ORDERS

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	6	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	6	0	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT